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1915 U.S. PTO

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Only for new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No.	2948-180
First Inventor	Carl R. MERRIL et al
Title ANTIBACTERIAL THERAPY WITH BACTERIOPHAGE GENOTYPICALLY MODIFIED TO DELAY INACTIVATION BY THE HOST DEFENSE SYSTEM	

22388 U.S. PTO
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09/11/03

Applicant for Published Patent Application:

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner of Patents P. O. Box 1450 Alexandria, VA 22313-1450
<div>1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></div> <div>2. <input type="checkbox"/> Applicant claims small entity status.</div> <div>3. <input checked="" type="checkbox"/> Specification Total pages [43] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none">- Descriptive title of the invention- Cross references to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings- Detailed Description- Claims- Abstract of the Disclosure</div> <div>4. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets) []</div> <div>5. <input type="checkbox"/> Oath or Declaration (Total Pages) []<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [Note Box 5 below]<ul style="list-style-type: none">i <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application,</div> <div>6. <input checked="" type="checkbox"/> Application Data Sheet.</div>	<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission<ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statement verifying identity of above copies</div> <div>ACCOMPANYING APPLICATION PARTS</div> <div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i><ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney</div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input type="checkbox"/> Information Disclosure Statement /PTO 1449<ul style="list-style-type: none"><input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s).</div> <div>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i).</div> <div>17. <input type="checkbox"/> Other:</div>


17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below or in an application Data Sheet under 37 CFR 1.76::

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/866,724

Prior application information: Examiner Jeffrey J. Stucker Group/Art Unit 1648

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

☒ Customer Number or Bar Code Label **6449**

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